

# EXHIBIT

## 3

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

THE CITY OF HUNTINGTON,  
Plaintiff,

Civil Action

vs.

No. 3:17-01362

AMERISOURCEBERGEN DRUG CORPORATION, et al.,  
Defendants.

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CABELL COUNTY COMMISSION,  
Plaintiff,

Civil Action

vs.

No. 3:17-01665

AMERISOURCEBERGEN DRUG CORPORATION, et al.,  
Defendants.

VIDEOTAPED

DEPOSITION OF: WILLIAM H. "SKIP" HOLBROOK  
(Appearing via Zoom)

DATE: July 22, 2020

TIME: 9:11 AM

LOCATION OF One Justice Square

THE WITNESS: Columbia, SC

TAKEN BY: Counsel for the Defendants

REPORTED BY: Sandra K. Bjerke, RDR, CRR, CBC  
(Appearing via Zoom)

1 mechanisms to divert it to -- you know, in some way  
2 to potentially sell to somebody else, give to  
3 somebody else, use not as directed, you know,  
4 obtain it fraudulently.

5 Q. And do you have examples of diversion?

6 MR. LEDLIE: Objection; asked and  
7 answered. You may answer.

8 BY MR. ROMAN:

9 Q. Well, for example, let me suggest some  
10 to you. Do you have an understanding of the phrase  
11 doctor shopping?

12 A. Yes, sir.

13 Q. And what's your understanding of that?

14 A. That an individual would visit, you  
15 know, many doctors in an effort to obtain a  
16 legitimate prescription for an ailment.

17 Q. And that's a form of diversion?

18 A. It could be, yes.

19 Q. And that's a crime.

20 A. Yes, it could be.

21 Q. Is there a time when doctor shopping is  
22 not a crime?

23 A. It would be a crime if you could -- if  
24 you could prove that.

25 Q. Right. But if somebody -- if you could

1 prove that somebody went to multiple doctors for  
2 the purpose of getting multiple prescriptions when  
3 only one was needed, that would be a crime.

4 A. Yes, that would be a crime.

5 Q. Okay. And I think you mentioned  
6 prescription forgery, did you not, before?

7 A. I did.

8 Q. And that's a form of diversion?

9 A. That would be.

10 Q. And that, too, is a crime; correct?

11 A. Yes. Correct.

12 Q. Stealing prescription opioids. That's  
13 a form of diversion; correct?

14 A. I guess you could argue that, yeah.  
15 It's a crime.

16 Q. Crime. Okay. And taking someone --  
17 you know, taking someone's pills from a medicine  
18 cabinet, you know, a relative's pills from a  
19 medicine cabinet, that's a form of diversion;  
20 right?

21 A. Yes.

22 Q. And that's also a crime.

23 A. Yes.

24 Q. Is there any form of diversion that is  
25 not a crime, as far as you know?

1           A.     I can't think of one.

2           Q.     And I know that you -- well, you  
3     indicated that you're not a fan of prescription  
4     opioids. But you understand, do you not, that  
5     prescription opioids are not an issue for law  
6     enforcement until they are diverted; correct?

7           MR. LEDLIE:   Objection.

8           THE WITNESS:   I don't agree with that.

9     BY MR. ROMAN:

10          Q.     Explain, please.

11          A.     So there's people that abuse prescribed  
12     drugs all the time that are involved in criminal  
13     activity, traffic accidents. You know, it's  
14     absolutely an issue for law enforcement.

15          Q.     When you say they abuse opioids, that's  
16     using them not --

17          MR. ROMAN:   Well, strike that.

18     BY MR. ROMAN:

19          Q.     Are you aware of any instance in which  
20     you or those working under you in law enforcement  
21     have been involved in a crime investigation where  
22     the prescription opioids were being used as  
23     prescribed, legitimately as prescribed?

24          A.     Yeah. I mean, I -- absolutely.

25          Q.     Please describe.

1           Q.    Do you have a sense of what percentage  
2   of those who overdose or use heroin who started on  
3   prescription pills?

4           A.    Do I have an opinion?

5           Q.    Yeah.  Do you know what percent or do  
6   you have an opinion as to what percent?

7           A.    I think it would almost be -- I mean, I  
8   don't -- I wouldn't say it's a hundred percent, but  
9   it's probably very close to that.

10          Q.    And that's on the basis of what?

11          A.    Just my experience and my conversations  
12   with -- you know, with addicts and --

13          Q.    I'm sorry.  You've had conversation  
14   with addicts?

15          A.    Sure, I've talked to people who have  
16   been placed under arrest.  I've been to overdose  
17   scenes.  I've talked to parents, friends.  This --  
18   this issue affected everybody in Huntington, sir.

19          Q.    I thought that you said that you were  
20   basically a supervisor and that you weren't -- you  
21   didn't get down to that street level.

22          A.    I'm a police chief.  I interact with  
23   people all the time.

24          Q.    Okay.  How many people do you think  
25   you've talked to who told you that they started on

1 prescription pills and turned to heroin?

2 A. I couldn't put a number on it. Many.

3 Q. More than 10?

4 A. Sure.

5 Q. More than a hundred?

6 A. I -- it's a lot.

7 Q. More than a hundred, or not?

8 A. I don't know.

9 Q. And when you had these conversations,  
10 did you -- did you make any recorded -- did you  
11 write down any notes about them, did you record  
12 them anywhere, did you --

13 A. No.

14 Q. And when you said that they started on  
15 prescription pills, do you know whether they had  
16 abused other drugs before using prescription pills?

17 A. Many would acknowledge starting -- you  
18 know, starting with, you know, alcohol and  
19 marijuana.

20 Q. Any start on crack cocaine, then go to  
21 prescription pills, then go to heroin?

22 A. I'm sure that -- I'm sure that's  
23 occurred, but that would not be the typical  
24 progression that -- that I would say that I  
25 normally saw.

1                   And then under that file number, as  
2                   things are developed, that -- you know, that may be  
3                   submitted to that by various officers, or nothing  
4                   could be done. I mean, it may not have solvability  
5                   factors or the person filing the report may not  
6                   wish to, you know, proceed further.

7                   BY MR. ROMAN:

8                   Q.     Right. But that's one of the reasons  
9                   why it's important to be accurate, because other  
10                  officers may be involved and will want to rely on  
11                  the information contained in the report; correct?

12                 A.     We all -- we encourage accuracy, yes,  
13                  sir.

14                 Q.     Okay. So this one is from 2006. So it  
15                  predates your time in -- as police chief. Do you  
16                  see that?

17                 A.     Yes.

18                 Q.     And actually, the victim seems to be a  
19                  retired Huntington Police Department officer. Do  
20                  you see that?

21                 A.     I do.

22                 Q.     Did you know Mr. Davies?

23                 A.     I did not.

24                 Q.     Okay. Why don't you take a moment and  
25                  look at this, please.



1 A. Okay.

2 Q. Have you had an opportunity to review  
3 Exhibit 12?

4 A. Yes.

5 Q. Okay. So we talked this morning about  
6 theft from a medicine cabinet as a form of  
7 diversion. Do you remember that discussion?

8 A. Yes.

9 Q. And that happens when someone who isn't  
10 prescribed a medication steals it from someone who  
11 had it legitimately prescribed; correct?

12 A. Correct.

13 Q. And what's happened here, is that the  
14 son of a cleaning lady stole prescription  
15 opioids -- I think it was Dilaudid -- from the  
16 medicine cabinet of a retired police officer  
17 suffering from terminal cancer. Do you see that?

18 A. I do.

19 Q. And this is an example of diversion  
20 after the pills left the pharmacy; correct?

21 A. This is an example of theft.

22 Q. Right. But this is -- this is a case  
23 where the pills appeared to have been prescribed  
24 for the legitimate purpose of easing pain of a  
25 terminal cancer patient; correct?

1           A.     Yeah. I'd also say it's an example  
2     of -- I don't know when it was dispensed, but 200  
3     pills is -- that's a lot to have at any one time.

4           Q.     And do we know -- well, we don't know  
5     the circumstances why they had -- why he could  
6     have -- we don't -- okay. Let me ask this: With  
7     respect to this incident, from this report can you  
8     tell whether --

9           MR. ROMAN: Well, strike that.

10          BY MR. ROMAN:

11          Q.     As you recall in this case, my client,  
12     McKesson, is a distributor of pharmaceutical drugs;  
13     right?

14          A.     Yes, sir.

15          Q.     Would you agree that there is nothing  
16     that the distributor can do from having pills  
17     stolen out of a medicine cabinet once they are --  
18     once they've left the pharmacy?

19          A.     Yes, I would agree that a distributor  
20     would have no control over theft of pills out of  
21     somebody's personal residence.

22          Q.     And there's no reason in this case why  
23     the Huntington Police Department would have ever  
24     investigated the identity of the distributor that  
25     delivered pills to the pharmacy that filled the